

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/583061 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		1		
4	/		/			
5	/		/			
6		2		1		
7				1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15	/		/			
16	/		/			
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47	/		/			
48	/					
49	/					
50	/					
TOTAL IND.			7			
TOTAL DEP.			40			
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	2					
54	2					
55	2					
56	2					
57	1					
58	1					
59	1					
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						